

Department of Licensing and Regulatory Affairs

REPORT FOR WORK NOTICE

Name: (From Social Security Card)		Social Security No.										Birth Date:	
					-			-					
Street Address		City								State		Zip Code	
County of Residence:		Home Telephone No.:				Marital Status:				U.S. Citizen			
		() -				<input type="checkbox"/> Married <input type="checkbox"/> Single				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Previously Employed by State?													
<input type="checkbox"/> No <input type="checkbox"/> Yes - Enter Department:													
Work E-mail Address:													
Emergency Contact: (Please update in HRMN Self Service Account)													
Name:				Telephone No.:									
				() -									

For Statistical Reporting Only:

Sex and Race	#	Male-M	Handicapped Male - N	Female-F	Handicapped Female-G
White	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaska Native	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic or Latino	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian/Pacific Islander	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two or More Races	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

See definitions printed on back.

Employee Signature:	Date:

Your resident address will be used to automatically assign your federal and state taxes. If you wish to use a supplemental address (different from your home address) for taxing purposes, please enter it below. Please note that the supplemental address cannot be a P.O. Box.

Street Address	City	State	Zip Code

The following racial-ethnic and handicapped groups are Civil Service definitions:

Sex and Handicap

M = Male
N = Male Handicapped
F = Female
G = Female Handicapped

Race

1. White (not Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
2. Black (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.
3. American Indian or Alaskan Native: All persons having origins in any of the original peoples of North and South America (including Central America), and who maintain cultural identification through tribal affiliation or community recognition.
4. Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
5. Asian: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent,. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
6. Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.